


U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <b>Timothy D. Kane</b>	COURT CASE NUMBER <b>07C6590</b>
DEFENDANT <b>Gilbert, et al.</b>	TYPE OF PROCESS <b>S/C</b>

**SERVE**  **AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
**Deputy Raymond Gilbert**

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
**Lake County Highway Patrol Division 1301 N. Milwaukee Ave. Libertyville, IL 60048**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

**Timothy Kane, B43676**  
**Stateville-STV**  
**Joliet, IL 60434**

Number of process to be  
served with this Form - 285Number of parties to be  
served in this caseCheck for service  
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All  
Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

**FILED****DEC 20 2007****DEC 20 2007****MICHAEL W. DOBBINS****CLERK, U.S. DISTRICT COURT**

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

**12-04-07****SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk  <b>TD</b>	Date  <b>12-04-07</b>
	<b>1 of 2</b>	No. <b>24</b>	No. <b>24</b>		

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described  
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

**C. McBrody Community Service Officer****ATA**☐ A person of suitable age and dis-  
cretion then residing in the defendant's  
usual place of abode.

Address (complete only if different than shown above)

Date of Service

Time **3:00** **pm**

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
<b>120.00</b>	<b>38.80</b>	<b>0</b>	<b>158.80</b>	<b>0</b>	<b>158.80</b>	<b>0</b>

REMARKS: